DOCUMENT RESUME

ED 295 098 CG 020 838

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TITLE Formulating Client Communication.
PUB DATE 31 Aug 87
NOTE 16p.; Paper presented at Annual Convention of the American Psychological Association (95th, New York, NY, August 28-September 1, 1987).
PUB TYPE Reports - General (140) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Cognitive Processes; *Cognitive Style; *Counseling Techniques; *Counselor Client Relationship; *Interpersonal Communication; *Listening Skills; *Psychotherapy

ABSTRACT

This report describes a set of strategies counselors can use to provide a "psychoanalytically governed hearing" of client communication. It discusses listening and organizing and describes strategies of analytic listening, including listening for the unusual and listening for theoretically relevant material. It is suggested that counselors complement the intellectual and impersonal top-down strategy of organizing the client's material formally using theoretical constructs by using a bottom-up strategy, building their understanding of clients from within the data and relying on a pattern method of explanation rather than a formal causal one. It is noted that counselors also communicate with clients and that counselor interventions should reflect the prior work of listening and organizing client communication. Several reasons for counselor interventions are given, including: (1) to support and encourage clients; (2) to appeal to the ability of clients to observe, think, organize, and reflect upon their experience; (3) to help clients elaborate and provide fuller details of emotional and cognitive context; and (4) to interpret the possible meanings and significance of client action. Ways in which the counselor substantiates the intervention by evaluating a client's response to the intervention are discussed and it is shown that the counselor once again becomes the analytic listener, listening to the client's response and formulating it by placing it in the developing patterns. (NB)

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ED295098

Formulating Client Communication

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CG 020838

Presented as part of a symposium on "Key elements of the psychoanalytic counseling interview process," at the Annual Convention of the American Psychological Association, New York, NY: August 31, 1987

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Counselors, according to Turner (1972), give clients a "theory governed hearing." The purpose of this paper is to describe a set of strategies for providing a "psychoanalytically governed hearing" of client communication, understood primarily as verbal communication in the clinical hour. These strategies, taken together, constitute a psychoanalytic formulation of client communication which guides the sequential utterances of the counselor and promotes the development of an overall plan, or dynamic focus (Strupp & Binder, 1984), in the work with the client. The paper will briefly review the psychoanalytic theory that informs the ideas presented here. Then, a simple model of related counselor activities will be presented as a framework for describing the many strategies counselor use for developing the psychoanalytic interview and and formulating client communication in the interview.

The psychoanalytic theory that this paper draws on is the recent reconceptualizations of clinical analysis as an interpretive, hermeneutic activity—an activity with closer ties to history than to the natural sciences (Sherwood, 1969; Spence, 1982; Schafer, 1983). These reconceptualizations, perhaps best exemplified in the work of Roy Schafer (1976, 1978, 1983), have resulted in vigorous debate in the analytic literature because of their divergence from classical Freudian psychoanalysis. Specifically, these reconceptualizations dispense with Freudian metapsychology and its notions of determinism and instead attend, both practically and theoretically, to the

therapeutic process.

Schafer (1976, 1983), for example, argues that Freud's metapsychology retains a mechanistic model of mental forces and apparatus that inhibits consistent and coherent thinking about the person as a unitary agent; the person as agent, however, sometimes appears in such concepts as autonomous ego functions or in references to ego, id, and superego as if they were whole, autonomous, and intentional persons.

Berger (1985), to give another example, dispenses with metapsychology because of its positivistic state process mode of conceptualizing, which has philosophical roots in Descartes. In state process conceptualizing, the phenomena of interest are thought of as points in some logical space; these points change or are altered through various transformations, often stated as general laws. According to Berger (1985), thinking of clinical events and persons as states that are modified through various transitions into other states inhibits the development of a theory of the therapeutic process that has consequences for practice.

These reconceptualizations of psychoanalytic theory, however, remain within the psychoanalytic tradition through their interest in and attention to the psychoanalytic therapeutic process. As Schafer (1976) notes, his reconceptualization in terms of action language is the "native tongue" of analytic work and, therefore, merely an elaboration of Freud's clinical rather than metatheoretical work.

In Freud's clinical work, writers such as Schafer find an implicit acknowledgement of the person as unitary agent. Their work, to use Kaplan's (1964) distinction, attempts to reduce the discrepancy between a logic reconstructed in metatheoretical terms and the logic used during the clinical hour—a logic which recognizes the client as a person who is actively making his or her world meaningful, often in unique, idiosyncratic, maladaptive, although potentially understandable, ways. By de-emphasizing determinism as an explanatory principle (Kohut, 1977; Schafer, 1981; cf. Patton & Sullivan, 1980), these writers also explicitly acknowledge that counselors think in terms of strategies that guide their investigations along potentially productive paths (Peterfreund, 1983). According to this paper, following these strategies contributes to, possibly sustains, the intertwining work of eliciting and formulating client communication.

This intertwining work of a counselor can be viewed as a continual movement in the clinical hour between two sets of mutually elaborating activities: listening to and organizing inferences about client communication and, then, intervening and evaluating the client's response. This framework is clearly related to the well-known model of counseling, described so well by Pepinsky and Pepinsky (1954), in which the counselor operates like an empirical scientist—observing, making inferences, and then testing the inferences through interventions. This paper emphasizes, however, that the strategies by which counselors implement these activities constitute formulating

client communication in the clinical hour. These strategies will now be described.

Listening and organizing are interrelated activities; distinguishing between them aids our understanding but violates our experience. As Freedman (1983) states, "Listening is an effort in the construction of meaning" (p. 406). According to an interpretive reconceptualization of psychoanalytic theory, the counselor listens to the client's talk as both the telling and showing of the client's story or, more accurately, stories (Schafer, 1983); any recounting of events by the client is considered an account of the event as well as a demonstration of how the client constructs accounts meaningfully.

The analytic nature of this listening is apparent both in the triple context within which the listener embeds the narrative and in the narrative themes the listener attends to. The analytic listener regards the what and how of the client's communication as relevant to (a) the client's current experience, (b) the client's history as it is being remembered in his or her current experience, and (c) the client's experience with the counselor, which includes what is normally called transference (Schimek, 1983). The analytic listener also listens for conflict by attending to narrative themes dealing with the client's efforts, currently and historically, to express and defend against loving and aggressive thoughts, feelings, and behaviors directed towards significant persons in the client's life, including the counselor.

A clinical example illuminates these features of analytic listening. A client first talks about mistakes he has made in his own clinical work, then about mistakes counselors in general make. An analytic listener hears in this brief fragment the obvious complaint about the client's own clinical competence. In addition, the analytic counselor also hears a possible complaint against the counselor. The counselor chooses to wonder aloud whether the client thinks the counselor has made a mistake--an inference that elicits more client communication, much of it confirming the counselor's inference. In the ensuing talk, the counselor identifies several narrative themes--client as wronged victim, client as inadequate because of parental inadequacy, client as potentially great therapist, client as social misfit who competes with "mainstream people" only indirectly. As the paper will suggest later, much of the work of the counselor is fitting these themes together into a consistent, coherent, and sensible pattern of client action.

Two strategies of the analytic listener may be identified in the example just given. One strategy is to listen for the unusual, the odd, the unique, for those phenomena that do not fit the normal flow of experience; the counselor in this example noted the change from a present complaint about personal behavior to a more general complaint about others. A common version of this strategy is to listen for a complaint early in the clinical hour, a statement of some trouble that claims the counselor's time and effort (Patton, 1984). Another

strategy is to listen for theoretically relevant material. In particular, the counselor listens for (a) references, obvious or veiled, to the counselor, as in this example, (b) evidence of conflict between and defenses against loving and aggressive courses of action, and (c) early experiences that the client remembers in the clinical hour.

As noted earlier, listening to and organizing client communication mutually elaborate each other in the clinical hour. The counselor, however, may attempt to organize the client's material formally using theoretical constructs. This top-down strategy primarily yields inferences that relate clusters of clinical observations to theoretical constructs, often in an attempt to identify the dynamic and genetic histories of the client's core difficulties. Such theoretical formulations of the client can be used both for constructing rough plans of action in the work with clients and for helping the counselor predict certain client actions. For example, a counselor with an obsessing client might, on the basis of classical psychoanalytic theory, plan to identify defenses against aggressive courses of action while also expecting to find regressive themes of dependence (A. Freud, 1966).

Constructing top-down theoretical formulations of the client may be dangerous if the accuracy of these theoretical formulations becomes more important to the counselor than the accuracy of an empathic understanding of the client. Greenson (1967) warns against such an

overly intellectual approach to clinical work; it cripples the working alliance.

In order to prevent such an intellectual and impersonal approach to clients, counselors can compliment the top-down strategy with a bottom-up strategy (Peterfreund, 1983). In this strategy, counselors build up their understanding of clients from within the data, moving from simple generalizations about small units of sharply observed phenomena to more encompassing ones. The inferences generated by this bottom-up strategy include perhaps the majority of those that the counselor voices during a clinical hour, for their domain of relevance is the actual sequence of utterances between counselor and client, or some portion of the client's sequence of talk. If the formal top-down theoretical formulation of client communication is the mind of analytic work, these bottom-up inferences are its heart and soul. They are the primary means by which the counselor assists the client in the often difficult, painful, and demanding work of examining the psychoanalytically relevant patterns in the client's life. They speak to the innumerable ways that clients disclaim action, avoid new facets or perspectives of their experience, and thereby contribute to their own suffering. They also subtly and in unclear ways elicit client communication that can be retold psychoanalytically.

This bottom-up strategy relies on a pattern method of explanation rather than a formal causal one (Diesing, 1971). A pattern method of explanation requires a rich and full description of the elements of a

pattern because no distinction is make between description and explanation; describing the relationships between elements of a pattern explains the pattern to the extent that the elements are contextualized in sensible and internally coherent ways. Objectivity and verification, therefore, are achieved by a continual filling in and resulting modification of the pattern. A pattern explanation also requires details--facts, if you will--because unknown parts of the pattern can not be deduced from known parts of the pattern. The counselor, therefore, asks clients to report fully the currently evocative details of their lives as part of the discovery of unknown or hidden parts of a pattern.

A few words need to be said about the relationship between the inferences generated by a top-down and bottom-up strategies. Typically, formulations of client communication are stated primarily in theoretical terms, with the implicit assumption that what this paper identifies as bottom-up inferences are covered or subsumed by these higher generalizations (cf. Patton & Sullivan, 1980). These two kinds of inferences, however, are not necessarily arranged hierarchically; they may mutually elaborate each other, parallel each other, or be partially reducible to or coordinate with each other (Berger, 1983). They are only roughly distinguished by the number of observations they subsume. Furthermore, in any one moment of the clinical interview, the counselor may move rapidly between these two kinds of inferences. For example, in response to a client obsessing

in the clinical hour, the counselor may consider theoretical statements about obsessive syndromes in order to select particular kinds of phenomena to look for, but then make inferences about the client on the basis of what and how the client has been communicating during the session.

Interpretive reconceptualizations of psychoanalysis may be understood as attempts to clarify the relationships between these two kinds of clinical inferences. Schafer's action language rules, for example, provide a means of organizing client communication in a formal, nonmechanistic language that is clearly related to the language of bottom-up clinical inferences. Schafer's (1976) primary rule is syntactic: "We shall regard each psychological process, event, experience, or behavior as some kind of activity, henceforth to be called action, and shall designate each action by an active verb stating its nature and by an adverb (or adverbial locution), when applicable, stating the mode of this action" (p. 9). Following Schafer's action language rules has at least three benefits:

a) The counselor avoids reifying theoretical constructs and retains the perspective of the client as a unitary agent.

b) The counselor makes theoretical statements with clear and close links to clinical observations and interventions. For example, the counselor can attend, both theoretically and clinically, to patterns of actions the client disclaims or excessively claims.

c) The counselor is sensitized to the need for rich detail in his or her work with clients; that is, following these rules can encourage the counselor's curiosity about the client and guide the counselor in asking the client for detailed elaborations.

Counselors, of course, also communicate with their clients. Ideally, counselor interventions should reflect the prior work of listening and organizing client communication. Although the actual intervention made both responds to and reshapes the current psychoanalytic conversation in ways that are not satisfactorily understood, we can identify several reasons for intervening; our interventions (a) support and encourage clients, (b) appeal to the ability of clients to observe, think, organize, and reflect upon their experience, (c) help clients elaborate and provide fuller details of emotional and cognitive contexts, and (d) interpret the possible meanings and significance of client actions.

Although much could be said about the what and when of counselor interventions, we will focus here on the client's response to the counselor's interventions. The primary strategy for evaluating the client's response is to look for error-correcting feedback from the client. Doing so invites the client to a process of mutual discovery (Peterfreund, 1983).

Logically, confirmation--perhaps substantiation is a better word--can come only from the client, either verbally or in some

observation of the client that the counselor makes. For example, client actions that may substantiate the accuracy of the counselor's intervention include the following: (a) the client provides new and related memories, or other associations that fill in the current narrative themes, (b) the client acts less defensively, (c) the client willingly expresses painful affect, or (d) the client shows surprised recognition, perhaps by laughing (Greenson, 1967; Paul, 1963). For each of these, a focus on the analytic process might lead the counselor to question the client further, particularly if the client seems to communicate ambivalently after a counselor intervention. As may be obvious, we have come full circle; evaluating a client's response to an intervention means listening to the client's response and formulating it by placing it in the developing patterns—patterns that concern the client's conflicted loving and aggressive actions and the client's defensive actions to resolve the conflict, which often result in suffering.

In attempting to stay close to the clinical situation, this paper has described formulating client communication as a clinical process, not a theoretical product. Because the primary goal for formulating client communication is to aid in the relief of human suffering, the paper has been concerned with analytic theory only to the extent that it is employed in the clinical moment. During the clinical moment, counselors are aware that the unit of study is the individual and how he or she constructs his or her personal narrative. By formulating

client communication in analytic terms, counselors can help clients develop a sense of their troubles as intentional action and therefore something they can do something about. But formulating client communication is both a rewarding and disappointing task. We are rewarded when our formulating—our understanding—helps clients reclaim actions and develop a new sense of their personal agency; we are disappointed, however, when we become aware of the all too painful limitations of this kind of work. In our best moments, both the rewards and the disappointments motivate our desire to think long and hard about our work with clients.

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